

Person Filing: _____
Physical Address (if not protected): _____
City, State, Zip Code: _____
Mailing Address: _____
Telephone: _____
Email Address: _____
Licensed Fiduciary Number: _____
Representing Self, without a Lawyer

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN YAVAPAI COUNTY

In the Matter of
Guardianship and/or Conservatorship of

Case Number: 1300GC

**PETITION FOR INPATIENT
PSYCHIATRIC AUTHORITY**

EMERGENCY REQUESTED

an Adult

UNDER PENALTY OF PERJURY:

INFORMATION REQUIRED BY ARIZONA LAW (A.R.S. § 14-5401)

1. Information about person who is guardian:

Name: _____ Date of Appointment: _____

Address: _____

2. Information about person(s) under protection:

Name: _____ Date of Birth: _____

Address: _____

3. I believe the Person under protection is likely to be in need of inpatient mental health care and treatment because: (explain here why you believe inpatient mental health care and treatment, including placement in an inpatient psychiatric facility will be necessary within the next year)

Complete 4 and 5 only if this is an emergency petition. If this is not an emergency situation, skip to 6.

4. Reasons for emergency appointment: I am asking for authority to place the person to be protected in an Inpatient Psychiatric Facility for inpatient mental health care and treatment on an emergency basis. **This request must be supported by the opinion of a licensed psychiatrist or psychologist filed with this Petition.**

5. Physician's Report. An affidavit or physician's report describing need for a guardian and/or conservator and reason for emergency:

- is attached to this Petition.
- is **not** attached to this Petition (explain why not).

6. Appointment of an attorney:

- The person I say needs protection will be represented by this attorney in court about this case:

NAME OF ATTORNEY: _____

ADDRESS: _____ **TELEPHONE:** _____

OR

- The person I say needs protection has no attorney to represent them and, due to financial hardship, I request the Court appoint and pay for the attorney and court investigator.

7. Persons Entitled to Notice Under Arizona law, notice of this Petition must be given.

(check one box)

- I have given notice to the person who needs protection, or their attorney, or others as follows (refer to A.R.S. §§ 14-5309, 14-5310, 14-5401 and 14-5404 if you are not sure who you need to notify):

Name	Address	RELATIONSHIP to Person In Need of Protection
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A. _____

B. _____

C. _____

D. _____

OR

- I have NOT given notice to the person who needs protection, or their attorney, or others because this is an emergency petition. I promise I will give notice by personal service to the person who needs protection, his or her attorney, and all others required by law no later than 72 hours after the judge signs the Temporary Order:

REQUESTS TO THE COURT:

- 1. To find that the person about whom this petition is filed is in need or is likely to be in need of inpatient mental health care and treatment within the next year.
- 2. **Check this box only if you are asking for an emergency appointment without notice, and have completed questions 6 and 7:**
 - To find that an emergency exists and this temporary order is necessary without notice to the Incapacitated Person or their attorney;
- 3. To grant the Guardian authority to consent for the Incapacitated Person to receive inpatient mental health care and treatment, including placement in an inpatient psychiatric facility licensed by the Department of Health Services and medical, psychiatric and psychological treatment associated with that placement.
- 4. To appoint a lawyer to represent Incapacitated Person’s interests.
- 5. To make any other orders the Court decides are in the best interests of the person to be protected.

OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

Signature

Date

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

(notary seal)

Deputy Clerk or Notary Public